

# 5-DAY SILENT CONTEMPLATIVE RETREAT

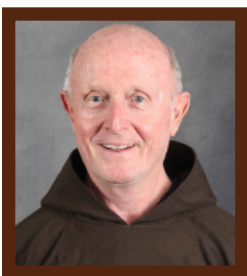
“FRANCIS AND THE COSMIC CHRIST”

**JULY 23 - 28, 2017**



The Christ that Francis envisioned and emulated was the one in whom all things find their being and through whom all things are held together and reach their fulfillment. Michael Crosby will show how Francis’ “way” was one that found him consciously connected/connecting to all things, recognizing them to be his brothers and sisters. He will show we can do the same.

## PRESENTERS:



Fr. Michael Crosby, OFM, Cap., Ph.D., is a Capuchin Franciscan. He lives in downtown Milwaukee at St. Benedict the Moor Friary. It serves a daily meal to hundreds of people in need and provides a clinic for their health needs. Two-thirds of Fr. Michael’s time is spent writing and speaking on contemporary biblical spirituality. The other third finds him working with investments to promote justice, peace and the integrity of creation.



**SAN DAMIANO RETREAT**

DANVILLE • CALIFORNIA

**A FRANCISCAN PRESENCE IN  
NORTHERN CALIFORNIA**

## REGISTRATION:

Retreat begins on Sunday with registration from 3:00 pm to 5:30 pm, social at 5:00 pm, and dinner at 6:00 pm. Concludes on Friday with lunch.

## TO MAKE A RESERVATION:

Please send a check of \$50 deposit to:  
San Damiano Retreat  
P. O. Box 767  
710 Highland Drive  
Danville, California  
94526-0767  
Phone: (925) 837-9141  
Fax: (925) 837-0522

## SPECIAL NEEDS:

Please call us after you make your reservation for any retreats.

## COST:

\$395 for private room.  
\$320 per person for double occupancy.  
All bedrooms are non-smoking.

Registration online is available at [www.sandamiano.org](http://www.sandamiano.org) or call us at (925) 837-9141 to make your reservation by phone.

Deposits or payment are non-refundable, but transferable to a future retreat within one year providing cancellation is received at least 7 days prior to the retreat.

## RESERVATION FORM 5-DAY SILENT CONTEMPLATIVE RETREAT • JULY 23-28, 2017

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Phone: \_\_\_\_\_

PRIVATE ROOM (\$395)  SHARED ROOM (\$320) WITH: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

CHARGE ALL  DEPOSIT ONLY